## LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Please forward <u>application</u> and <u>fee</u> to LSBME, 630 Camp Street, New Orleans, LA 70130 Telephone (504) 568-6820

## Application for Reduction in Renewal Fee for Physicians

Certain physicians who are 70 years of age or older or who have withdrawn from the practice of medicine because of disability may be eligible and qualified for a reduction in the licensure renewal fee under the following conditions:

<ul> <li>Meet the requirements of paragraph A or B of LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, Section 418, as provided herein below.</li> <li>Complete the Renewal Form.</li> <li>Pay a renewal fee of one hundred fifty dollars (\$150.00).</li> <li>Complete the Application for Reduction in Renewal Fee before a Notary Public.</li> <li>Return the completed Renewal Form, notarized Application for Reduction in Renewal Fee and one hundred fifty dollars (\$150.00) to</li> <li>LSBME, 630 Camp Street, New Orleans, LA 70130</li> <li>NOTE: A physician who has already forwarded the Renewal Form and the three hundred and thirty-two dollar (\$332.00) renewal fee to the Board, may apply for the reduction by completing the bottom portion of this Application for Reduction in Renewal Fee before a Notary Public and return the form to the Louisiana State Board of Medical Examiners, 630 Camp St, New Orleans, LA 70130. Reimbursement will be made to the physician if the application is approved.</li> <li>Questions regarding this form may be directed to: Licensure Office, Louisiana State Board of Medical Examiners, 630 Camp Street, New Orleans, LA, 70130, Phone:</li> </ul>		
(504	604) 568-6820 or Email: licensing@lsbme.la.gov.	
A.	LAC 46:XLV, Subpart 2, Chapter, 3, S  The fee otherwise required for annual renewal of licensure will be reduced medicine issued by the board and who has, prior to the first day of the year 1. attained the age of 70 years;	by one-half in favor of a physician who holds an unrestricted license to practice
	<ol><li>voluntarily surrendered to the issuing authorities his or her state</li></ol>	license and federal registration to prescribe, dispense or administer controlled
	such reduced fee and consenting to revocation of any license re-	al fee, upon a form supplied by the board, verifying the conditions requisite to newed pursuant to this section upon a finding by the board that the licensee, , continued to hold, obtained or sought to obtain state licensure or federal tances.
B.	The fee otherwise required for annual renewal of licensure will be reduced by one-half in favor of a physician who holds an unrestricted license to practice medicine issued by the board and who has, prior to the first day of the year for which such renewal will be effective:	
	<ol> <li>ceased to engage in the practice of medicine in any form in this</li> </ol>	
	such reduced fee, including independent physician verification any license renewed pursuant to this section upon a finding by t	al fee, upon a form supplied by the board, verifying the conditions requisite to of the applicant's physical or mental disability, and consenting to revocation of the board that the licensee, following issuance of licensure renewal pursuant to practice of medicine in this state or continued to hold, obtained, or sought to see, or administer controlled substances.
C.	A physician whose medical license is renewed pursuant to this section shall not thereafter engage or seek to engage in the active practice of medicine in this state or to prescribe, dispense, or administer controlled substances or other prescription medications except upon prior application to and approval by the board, which, in its discretion, as a condition to reinstatement of full licensure, may require that:	
	<ol> <li>the physician take and successfully pass all or a designated port</li> <li>physician provide medical documentation satisfactory to the bomedicine with reasonable skill and safety to patients.</li> </ol>	ion of the FLEX or SPEX examination; and/or ard that the physician is then physically and mentally capable of practicing
	CERTIFIC	ATION
	This is to certify that I meet the requirements for reduced fees under paragraphThis is to certify that I meet the requirements for reduced fees under paragraphThis is to certify that I have attachedThis is to certify that I have attache	B of section 418. Verification of my physical/mental disability from
Swo	worn to and subscribed before me thisday of	Signed:
	· · · · · · · · · · · · · · · · · · ·	Print Name:
		License No.:

Notary Public

My commission expires: \_
Affix Notary Seal